

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COUNSEL FOR APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED crowley, Jared		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:04-010304-001	5. APPOINTMENT FILE NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. crowley		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922G.F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) Bonilla-Argudo, Victoria M. Bourbeau and Bonilla 77 Central St. Second Floor Boston MA 02109 Telephone Number: (617) 350-6868			13. COUNSEL TYPE		
			<input checked="" type="checkbox"/> D. Appointment Counsel <input type="checkbox"/> C. Co-Counsel <input type="checkbox"/> E. Sub For Retained Attorney <input type="checkbox"/> R. Sub For Retained Attorney <input type="checkbox"/> F. Sub For Retained Attorney <input type="checkbox"/> Y. Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> I certify that the person represented has testified under oath or has otherwise testified to the fact that he or she (1) is financially unable to employ counsel and (2) does not wish to retain counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (Specify on additional sheets): _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 10/08/2004 Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment: YES <input type="checkbox"/> NO <input type="checkbox"/>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In Court	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$) TOTALS:					
Out of Court	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____				21. CASE DISPOSITION TERMINATION DATE: _____ BY: _____ BY CASE COMPLETION	
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or reimbursement) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____					
APPROVED BY PRESIDENTIAL COURT CLERK					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES		27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES		33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.					34a. JUDGE CODE